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United States Bankruptcy Court Eastern District of Virginia

In re	Jane M	Attoh			Case No.	18-13086
			Debt	or(s)	Chapter	13
			AMENDMENT CO	WED CHEET		
A manda	mant(a) to	the fellowing notition	AMENDMENT CO		~~~~;+b.	
Amendi	nenus) u	- 1	n, list(s), schedule(s) or statemen		erewiiii:	
			y Petition [Specify reason for a		al signed C	Official Form 121 was
			Soc. Sec. No. amended. [If a		n, signeu C	miciai Form 121 was
			red to the Clerk's office onsets and Liabilities (and Certain	*] • Statistical Informatio	n Individ	uolo Only)
			ials - Form 106Dec) (Non-Indiv		n - marvia	uais Only)
	\vdash	Schedule A/B – Prope		iduais - Politi 202)		
	\exists		operty You Claim as Exempt			
	\vdash		ors Who Hold Claims Secured b	y Proporty (Soo I PD	1000 1)	
	\vdash		itors Who Have Unsecured Clai			
			ors Who Have Unsecured Claim			
			l if adding or deleting pre-petiti		a amounts	owed or classification of
		debt.) Check applica		on creations, changin	g umounts	owed or classification of
		Creditor(s) ac		editor(s) deleted		
			nounts owed or classification			
			on creditors added/deleted, or		accification	of debt changed [Docket:
			hedule(s) and/or Statement(s).		assincation	of debt changed. [Docket.
			creditors added (Schedule of			
			ersion of Chapter 13 to Chapt		ule of Unp	aid Debts.
			ory Contracts and Unexpired Le		•	
		Schedule H - Codebto				
	✓	Schedule I – Your Inc	come			
	✓	Schedule J – Your Ex	rpenses			
			REDITOR(S) (RE AMENDMI			
			urity Number requires that th			
			ty Numbers be electronically f		the Clerk's	S Office for "restricted"
entry of			Number into the case record.	,]		
	Stat	tement of Financial Aft	fairs			
	Stat	tement of Intention for	Individuals Filing Under Chap	ter 7		
	Cha	apter 11 List of Equity	Security Holders			
	Cha	apter 11: The List of Ci	reditors Who Have the 20 Large	est Unsecured Claims	Against Yo	ou Who Are Not Insiders
		orney's Disclosure of C	_		C	
	Oth	•	1			
	Oth			TO A PERCEPED DATE	DEFEC	
D	T 1.		TICE OF AMENDMENT(S)			- C (1 - C'1' C (1 -
			Procedure 1009(a) and Local I			
			given this date to the United St	ates Trustee, the truste	e in this ca	se, and to any and all entities
		mendment as follows: _ per 6, 2018	EGF			
Date.	Decemb	0, 2010	/s/ Ashvin Pand	durangi		
			Ashvin Pandur			
				btor(s) [or <i>Pro Se</i> Deb	otor(s)]	
			State Bar No.:	86966 VA	,,,,,,	
				: AP Law Group, PLC	:	
				7777 Leesburg Pike		
				Suite 402N		
				Falls Church, VA 22	2043	
			Telephone No.:	5719696540		

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Fill	in this information to identify your	case:								
Del	btor 1 Jane M Att	oh								
	btor 2 ouse, if filing)				_					
Uni	ited States Bankruptcy Court for th	e: EASTERN DISTRICT	OF VIRGINIA							
Ca	se number 18-13086					Ched	ck if this is:			
(If kı	nown)		-				n amende	ed filing		
_									g postpetition chapte llowing date:	эr
<u>O</u>	fficial Form 106I					Ī	/M / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12	2/1
atta	use. If you are separated and yo ch a separate sheet to this form The second of the s	On the top of any additi								
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emplo	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not employed			
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name	Employer's name One World Trade Center			·				
	Occupation may include student or homemaker, if it applies.	Employer's address	285 Fulton St. New York, NY 100	007						
		How long employed t	here? _4 months	5			_			
Pai	rt 2: Give Details About Mo	onthly Income								
Esti	imate monthly income as of the output	date you file this form. If	you have nothing to rep	ort for	any	line, write	e \$0 in the	space. Inc	lude your non-filing	
	ou or your non-filing spouse have n e space, attach a separate sheet t		ombine the information	for all e	emplo	oyers for	that perso	on the lir	nes below. If you ne	ed
						For De	btor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	4	,563.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	

4,563.00

N/A

Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Jane M Attoh	_	C	Case number (if kn	own)	18-1	3086		
					For Debtor 1			Debtor -filing s		
	Cop	y line 4 here	4.		\$ 4,563	.00	\$	J :	N/A	-
										_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	١.	\$ 1,203	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			.00	\$_		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.			.00	\$_ \$		N/A N/A	_
	5g.	Union dues	5g.		·	.00	\$ -		N/A N/A	_
	5h.	Other deductions. Specify:	5h.		,	.00	, ,		N/A	_
6.	۸۵۵	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 1,203		\$		N/A	_
							· —			-
7.	Caid	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,360	.00	\$_		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$3,400	.00	\$		N/A	_
	8b.	Interest and dividends	8b.	٠.	\$0	.00	\$_		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			Φ		•			
	04	settlement, and property settlement.	8c.		\$800 \$0		\$_		N/A	_
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		·	.00	\$_ \$		N/A N/A	_
	8f.	Other government assistance that you regularly receive	00.	•	Ψ	.00	Ψ_		11//	_
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	.00	\$		N/A	
	8g.	Pension or retirement income	– 8g.		·	.00	\$ -		N/A	_
	8h.	Other monthly income. Specify:	8h.		·	.00	· —		N/A	_
		· · · · ·	_		·-					-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,200	.00	\$_		N//	<u> </u>
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	7,560.00	+ \$		N/A	= \$	7,560.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$							0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								\$	7,560.00	
10	D	very expect on increase or decrease within the constitution of the	2						month	y income
13.	י סט טט	you expect an increase or decrease within the year after you file this form No.	'							
		Yes. Explain:								

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Fill	in this informa	ation to identify yo	our case:									
Deb (Spo	Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA						Check if this is: An amended filing A supplement showing postpetition chapte 13 expenses as of the following date: MM / DD / YYYY					
1	e number 1 nown)	8-13086										
		orm 106J J: Your l	Exner	1585				12/1				
Be info	as complete ormation. If n	and accurate as	possible.	If two married people and the control of the contro				or supplying correct				
Par 1.	Is this a joi ■ No. Go t □ Yes. Do	o line 2. es Debtor 2 live i	in a separa	ate household? al Form 106J-2, Expenses	s for Separate House	ehold of Deb	tor 2.					
2.		ve dependents?	■ No	ан от 1000 2, <i>Ехроноо</i> с	Tor Coparato Frouce	7101d 01 D0D						
۷.	•	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you? No Yes No Yes No Yes No Yes No Yes No				
3.	expenses of	penses include of people other to d your depende	han $_{m \Box}$	No Yes			-	□ Tes				
Est exp app Inc	imate your e penses as of plicable date lude expense value of suc	a date after the less paid for with a	our bankrubtc	y Expenses uptcy filing date unless y y is filed. If this is a supp government assistance i luded it on Schedule I: Y	olemental <i>Schedule</i> f you know	orm as a su e J, check th	applement in a Cha ne box at the top o Your exp	f the form and fill in the				
(Of :	ficial Form 1	,	hip expen	ses for your residence.	nclude first mortgage	e .						
	payments a	nd any rent for the			2 0	4. \$	<u> </u>	700.00				
		ded in line 4:										
		estate taxes erty, homeowner's	s or renter	's insurance		4a. \$ 4b. \$		0.00				
		enty, nomeowners e maintenance, re				4c. \$		0.00				
	4d. Home	eowner's associat	tion or cond	dominium dues		4d. \$		0.00				
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	S	0.00				

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Debtor 1	Jane M Attoh	Case num	ber (if known)	18-13086
6. Utilit	tios:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	*	100.00
	Other. Specify:		·	
6d.		6d.	·	0.00
	d and housekeeping supplies		\$	150.00
_	dcare and children's education costs	8.	\$	800.00
	hing, laundry, and dry cleaning	9.	\$	0.00
	sonal care products and services	10.	\$	0.00
I. Med	ical and dental expenses	11.	\$	0.00
	nsportation. Include gas, maintenance, bus or train fare.			100.00
	not include car payments.	12.		100.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
. Chai	ritable contributions and religious donations	14.	\$	0.00
. Insu	rance.			
Do n	not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	425.00
15c.	Vehicle insurance	15c.	\$	125.00
	Other insurance. Specify:	15d.	·	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		*	0.00
Spec	, , ,	16.	\$	0.00
	allment or lease payments:		-	
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	·	0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho		our Income.	
	Mortgages on other property	20a.		4,185.48
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	·	40.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20a. 20e.	·	100.00
			·	
. Otne	er: Specify:	21.	+\$	0.00
. Calc	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	6,725.48
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-,
	Add line 22a and 22b. The result is your monthly expenses.		\$	6 725 40
220.	Add the ZZa and ZZb. The result is your monthly expenses.		Ψ	6,725.48
	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,560.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,725.48
	•			
23c.	Subtract your monthly expenses from your monthly income.			004 50
	The result is your monthly net income.	23c.	\$	834.52
4 D-	and the second s	#II - 41 *	· f0	
	you expect an increase or decrease in your expenses within the year after your expenses within the year after your car loan within the year or do you expect you			ase or decrease because of a
	ixample, do you expect to finish paying for your car loan within the year of do you expect you fication to the terms of your mortgage?	ii iiioiigage	payment to micre	ase of ucorease because of a
■ N				
\square Y	es. Explain here:			

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United States Bankruptcy Court Eastern District of Virginia

18-13086

In re	Jane M Attoh		Case No.	18-13086					
		Debtor(s)	Chapter	13					
	DECLARATION UNDER	RATION UNDER PENALTY OF PERJURY BY INDIVIDUAL I							
	I certify under penalty of perjury that the	ne foregoing is true and correct.							
Date	December 6, 2018	Signature /s/ Jane M Attoh							

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Jane M Attoh Debtor

Jane M Attoh